

Section I: System Information (to be completed by Department of Natural Resources/SAMPLER)

System Name: _____
System
Address: _____ City: _____ County: _____
PWS ID# _____ DNR Contact: _____

System Type: MC__ NN__ OC__ TN__
(Check one) Region
Code: _____

Sampler Phone/Name/Address (Notify DNR Contact of Corrections)

Sampler
If the laboratory has the ability to fax or e-mail results to you and you would like the lab to do that, please provide the appropriate information (leave blank if you prefer a paper copy):
Fax number: _____
E-mail: _____

Sample Source (location):

☒ W - Well (before any treatment)

Sample Type (check one only):

☐ T - Triggered Source Water sample following Total Coliform-positive Compliance sample
WI Unique Well No: _____
EP/Source ID: _____

☐ R - Repeat Source Water sample following E Coli-positive Triggered Source Water sample
WI Unique Well No: _____
EP/Source ID: _____

Special Instructions: _____

Collect sample between: ____/____/____ and ____/____/____

Section II: Sample Information (to be completed by SAMPLER -- ALL ITEMS REQUIRED)

Sample Collection Date: ____/____/____ Time: ____:____ ☐ a.m.
mm dd yyyy ☐ p.m.

Address where sample was collected (example: "114 Water Street"): _____

Monitoring Point ID: _____ Monitoring Point Description
(example: "well tap before treatment") _____

Name of Sampler: _____

Section III: System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER)

If your system uses continuous chlorination, the chlorine residual level at the time this sample was collected must be reported below. Systems who do not continuously chlorinate may skip this section.

Storet Code	Parameter	SDWA Method	Results	MRDL	Units
50060	CHLORINE TOTAL RESIDUAL			4.0	MG/L
50064	CHLORINE FREE AVAIL			4.0	MG/L
50066	COMBINED AVAILABLE CHLORINE			4.0	MG/L

Section IV: Lab Test Results (to be completed by LAB) Lab has 24 hours to electronically report results to DNR per NR 809.80

Laboratory Results
(ALWAYS report BOTH Total Coliform and E Coli results)
Total Coliform:
☐ Safe (Coliform Absent) ☐ Unsafe (Coliform Present)
E Coli:
☐ E Coli Absent ☐ E Coli Present
☐ **Invalid** (Submit another Sample)
☐ Old ☐ Frozen
☐ Overgrown ☐ Lab Accident
☐ Chlorine Present ☐ Shipping Problem

Approved Enzyme Substrate Method (Each method requires 100 mL of sample)
☐ Colilert® ☐ E*Colite®
☐ Colilert-18® ☐ MI Agar
☐ Colisure® ☐ m-ColiBlue®
☐ Other: _____
(Print Approved E Coli Enzyme Substrate Method approved in the Groundwater Rule)

Comments _____ Time Received ☐ a.m.
____:____ ☐ p.m.

Laboratory Name _____ Date Received _____ Sample ID _____

WI Bacteriological Certification Number _____ Laboratory Phone Number _____ Date Reported to PWS _____

INSTRUCTIONS FOR GWR SOURCE BACTERIOLOGICAL SAMPLING

Notes on the Sample Type

Triggered Source Water sample following TC-positive TCR Compliance sample

1. Collect the sample from each source which provides the water to the site in the distribution system that had the TC-positive.
2. Collect the sample within 24 hours of notification of the TC-positive sample collected under the Total Coliform Rule (TCR), unless the DNR has given you a written extension. Samples must arrive at the lab and be set up for analysis within 30 hours of collection, so take mail delivery time into consideration and plan your collection time accordingly.
3. Collect the sample BEFORE treatment at a site listed in your approved Monitoring Plan.

Repeat Source Water sample following E Coli-positive Triggered Source Water sample

1. Collect 5 samples at the same location as the Triggered Source Water sample that had the E Coli-positive result.
2. Collect the samples within 24 hours of notification of the E Coli-positive Triggered Source Water sample unless the DNR has given you a written extension. Samples must arrive at the lab and be set up for analysis within 30 hours of collection, so take mail delivery time into consideration and plan your collection time accordingly.
3. Collect the sample BEFORE treatment.

SAMPLING INSTRUCTIONS

1. Check with your local post office or commercial carrier to determine what time they will send samples to your laboratory and collect the sample just prior to sending to the laboratory. Send the sample for guaranteed delivery within 24 hours of sample collection to the laboratory. Plan to send the sample early in the week and avoid Fridays, Saturdays, State and Federal Holidays.
2. Avoid plastic, swing, goose-neck, leaky, chrome and outside faucets.
3. Remove any faucet aerator, gasket, screen or hose and run the water until cold.
4. Sterilize the faucet using a propane or butane torch. Hold the flame beneath the faucet opening for 20 seconds. Move the flame continuously to prevent damage to the faucet. Plastic or chrome faucets will melt when heated.
5. Run the cold water at medium force for at least 5 minutes before collecting samples. Do not change the flow rate or wash or wipe the tap before collecting the sample.
6. Remove the security seal, and then remove the sample bottle cap without touching the inside of the cap or bottle. Hold onto the cap while sampling.
7. Fill bottle to within one inch of the top or to the fill line. Replace cap securely. Write name on the side of the bottle.
8. Send the water sample and this completed form to a laboratory that is certified under the Safe Drinking Water Act for the testing of total coliform and E. Coli bacteria by an enzyme substrate method, and who reports the results electronically to the Department.

For Additional Information, Contact Your Nearest DNR Office

South Central Region, Fitchburg:	(608) 275-3294	West Central Region, Eau Claire:	(715) 839-3700
Northeast Region, Green Bay:	(920) 662-5144	Northern Region, Spooner:	(715) 635-2101
Southeast Region, Milwaukee:	(414) 263-8748	Northern Region, Rhinelander:	(715) 365-8900

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 or more than \$100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirements is under s. 280.13(d), Wis. Stats. and ch. NR 809.80. Personally identifiable information on this form will be used for no other purposes.